

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 10-29-97 2 Serial/Patent # 06/823,856

3 Please refund the following fee(s):

4 PAPER
NUMBER5 DATE
FILED

6 AMOUNT

Filing

\$

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

X Cert of Correction/~~Terminal Disc.~~

10

1-29-86

\$ 100.00

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT
OF REFUND

\$

8 TO BE REFUNDED BY:

10 REASON:

Overpayment

Duplicate Payment

X No Fee Due (Explanation):

Office error

Treasury Check

Credit Deposit A/C #:

11--1833

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

Magdalene Talley

TITLE:

Legal Ensr. Examiner

SIGNATURE:

Magdalene Talley

PHONE:

305-8309

OFFICE:

Cert. of Correction

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED:

Freda A. Connelly

DATE:

11/5/97

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park Bldg. Room 2023